

Subsistence Expense Allowance Application

ATTENTION DOS PERSONNEL: SEA payments will not begin until this form, with the necessary documents, is submitted and processed. Forms may be faxed to **(843) 202-3803** to expedite processing, however, the original must be delivered to: Department of State, Global Financial Operations, Charleston Financial Services Center, FM/GFS/F/AO, P.O. Box 15008, Charleston, S.C. 29415-5008, Attn: Sherry Howard, CAA. Contact Sherry Howard: phone number (843)-746-0708; e-mail address is HowardSA@state.gov , should you have questions.

Necessary documents: travel orders, copies of travel advance(s), airline tickets, travel voucher form, other travel orders (TDY, PCS, R&R, Medical). To claim commercial rate provide lease agreement, paid monthly receipts/hotel bills, hotel receipts.

Employee Information: _____ **Evacuated Country/Post:** _____

_____	_____	_____	_____
Last Name	First Name	Social Security #	Agency

Tandem Couple: Other last name (if applicable)

Applicant Safehaven Information:

_____	_____	_____
Last Name	First Name	Social Security #

_____	_____
In Care Of (Optional)	Street Address (Include Apt.#)

_____	_____	_____	_____	_____
City	County (Required Field)	State	Zip Code	Phone # (work & home)

Name(s) of Evacuees Claiming SEA Benefits (include employee if applicable):

Evacuee Name	Relationship to Employee	Date of Birth (Children Only)	Post Depart Date	Arrival Date Safehaven/US
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Information: (circle one) Checking Savings

Name on Account Name of Bank (SEA Deposit) Account # Bank Routing
Get that # up with Bank Routing

Street Address of Bank City State Zip Code

Advances Received at Post: Date: _____ \$Amount _____ Post _____
Date: _____ \$Amount _____ Post _____

Accommodations: (circle one) Commercial Non-Commercial

Airfreight Allowance: (airfreight shipped from post – circle one) Yes No

Certification: I certify to the best of my knowledge that all of my statements are true, correct, complete and made in good faith.

Print Name of Evacuee Signature of Evacuee

Date: _____

Please Note: The employee is responsible for repaying any SEA balance if reassigned, if evacuation ends abruptly, if issued PCS/TDY/MED/R&R/Home Leave orders, or if status changes from commercial to non-commercial. Post Change of Status (PCS) starts by beginning consultation/training/receiving TLA.

SUBMIT THIS FORM ONLY ONCE
For commercial lodging, continue to submit monthly lodging receipts.